

<b>United States Bankruptcy Court</b>				<b>VOLUNTARY PETITION</b>															
<b>DISTRICT OF IDAHO</b>																			
IN RE <b>Cummings, Michael Joseph</b>			NAME OF JOINT DEBTOR <b>NO JOINT DEBTOR</b>																
ALL OTHER NAMES used by the debtor in the last 6 years <b>NONE</b>			ALL OTHER NAMES used by the joint debtor in the last 6 years <b>N/A</b>																
SOCIAL SECURITY/TAX I.D. NUMBER <b>573-35-1527</b>		TELEPHONE <b>(208) 524-0786</b>		SOCIAL SECURITY/TAX I.D. NUMBER <b>N/A</b>															
STREET ADDRESS OF DEBTOR <b>2221 Brandon Street Idaho Falls Idaho 83402</b>		STREET ADDRESS OF JOINT DEBTOR <b>N/A</b>		<div style="transform: rotate(-45deg); font-weight: bold; font-size: 2em;">FILED</div> <div style="transform: rotate(-45deg); font-weight: bold; font-size: 1.5em;">JAN - 9 AM 10:54</div> <div style="transform: rotate(-45deg); font-weight: bold; font-size: 1.2em;">CLERK, IDAHO</div>															
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Bonneville</b>		COUNTY OF RESIDENCE/PRINCIPAL PLACE OF BUSINESS <b>N/A</b>																	
MAILING ADDRESS OF DEBTOR (if different from street address) <b>2221 Brandon Street Idaho Falls Idaho 83402</b>			JOINT DEBTOR MAILING ADDRESS (if different from street address) <b>N/A</b>																
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR <b>N/A</b>			VENUE (Check one box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																
<b>INFORMATION REGARDING DEBTOR</b>																			
TYPE OF DEBTOR (Check one box) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (Husband and Wife) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Municipality			CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Section 304																
NATURE OF DEBT (Check one box) <input type="checkbox"/> Non-Business/Consumer <input type="checkbox"/> Business - Complete A & B below A. TYPE OF BUSINESS <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Railroad <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturing/ Mining <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business			SMALL BUSINESS (Chapter 11 only) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. 101. <input type="checkbox"/> Debtor is & elects to be considered a small business under 11 USC 1121(e). (Optional) FILING FEE <input type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. Attach signed application per Rule 1006(b).																
B. BRIEFLY DESCRIBE NATURE OF BUSINESS <b>N/A</b>			NAME AND ADDRESS OF LAW FIRM OR ATTORNEY <b>Spencer E. Daw 2541</b>  <b>DAW LAW OFFICE</b> <b>525 Park Avenue Suite 2A</b> <b>Idaho Falls ID</b> <b>83402</b> <div style="text-align: right;"><b>(208) 529-1051</b></div>																
STATISTICAL/ADMINISTRATIVE INFORMATION (28 U.S.C. § 604) (Estimates only) (Check applicable boxes)			<input type="checkbox"/> Debtor is not represented by an attorney. Telephone No. of Debtor not represented by an attorney: (     )																
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																			
ESTIMATED NUMBER OF CREDITORS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1-15</td> <td style="width: 16.6%;">16-49</td> <td style="width: 16.6%;">50-99</td> <td style="width: 16.6%;">100-199</td> <td style="width: 16.6%;">200-999</td> <td style="width: 16.6%;">1000-over</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1-15	16-49	50-99	100-199	200-999	1000-over														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
ESTIMATED ASSETS (in thousands of dollars) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Under 50</td> <td style="width: 16.6%;">50-99</td> <td style="width: 16.6%;">100-499</td> <td style="width: 16.6%;">500-999</td> <td style="width: 16.6%;">1000-9999</td> <td style="width: 16.6%;">10,000-99,999</td> <td style="width: 16.6%;">100,000-over</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						Under 50	50-99	100-499	500-999	1000-9999	10,000-99,999	100,000-over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 50	50-99	100-499	500-999	1000-9999	10,000-99,999	100,000-over													
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
ESTIMATED NUMBER OF EMPLOYEES - CHAPTERS 11 & 12 ONLY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1-19</td> <td style="width: 25%;">100-999</td> <td style="width: 25%;">1000-over</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						0	1-19	100-999	1000-over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
0	1-19	100-999	1000-over																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
ESTIMATED NUMBER OF EQUITY SECURITY HOLDERS - CHAPTERS 11 & 12 ONLY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1-19</td> <td style="width: 25%;">20-99</td> <td style="width: 25%;">100-499</td> <td style="width: 25%;">500-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						0	1-19	20-99	100-499	500-over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

THIS SPACE FOR COURT USE ONLY

U.S. COURTS  
JAN - 9 AM 10:54  
CLERK, IDAHO

12898

Matthew Bender &amp; Co.

Name of Debtor Cummings, Michael Joseph

Case No. \_\_\_\_\_

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated is attached.

☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (if more than one, attach additional sheet)

Location Where Filed

No prior bankruptcies

Case Number

Date filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR (if more than one, attach additional sheet)

Name of Debtor

No pending bankruptcies

Case Number

Date filed

Relationship

District

Judge

REQUEST FOR RELIEF

Debtor is eligible for and requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

Signature

ATTORNEY

Date

INDIVIDUAL/JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

Signature of Debtor

Date

X  
Signature of Joint Debtor

Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor.

X  
Signature of Authorized Individual

Print or Type Name of Authorized Individual:

Title of Individual Authorized by Debtor to File this Petition:

Date

If debtor is a corporation filing under chapter 11, Exhibit "A" is attached and made part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS  
(See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, U.S.C., understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, Exhibit B has been completed.

Signature of Debtor

Date

X  
Signature of Joint Debtor

Date

EXHIBIT "B"

(To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of Title 11, United States Code, and have explained the relief available under such chapter.

Signature of Attorney

Date